PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

| CURRENT CORRESPOND | Feet pape | : A certificate of :) Transmittal, Thi ers. Each additional | mailing s certific l paper, of mail | can only be used for cate cannot be used for such as an assignment ing or transmission | domestic mailings of the or any other accompanying or formal drawing, mus | | |
|---|---|---|--|---|---|---|---|
| 37462 | 7590 01/25 | 5/2008 | ,,,,,, | | | | |
| LOWRIE, LAI ONE MAIN STI CAMBRIDGE, | l hei Stat addr trans | Chalificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
| | | | | | | | (Depositor's name) |
| | | • | | | | | (Signature) |
| | | | | | | | (Date) |
| APPLICATION NO. | PLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. CONFIRMATION NO. | | |
| 10/666,242 | 09/22/2003 | | Christian Simon | | M1073-7001 | | 9501 |
| TITLE OF INVENTION | : LOCAL MASS DIST | RIBUTION PARTITION | ING FOR OBJECT RECO | иотио | | | |
| | | | | | | | |
| | | | | | | | • |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1440 | \$300 | \$0 | | \$1740 | 04/25/2008 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | • | | | |
| MARIAM, | DANIEL G | 2624 | 382-209000 | | | | |
| I. Change of corresponde | ence address or indicatio | n of "Fee Address" (37 | 2. For printing on the p | atent front page, lis | t | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | LANDO & |
| | | | | | | | |
| | | | | | | | 3. ASSIGNEE NAME A |
| PLEASE NOTE: Uni | ess an assignee is ident h in 37 CFR 3.11. Come | ified below, no assigned | data will appear on the part of the part o | stent. If an assigne | ec is ide | entified below, the do | cument has been filed fo |
| (A) NAME OF ASSI | | : (CITY and STATE OR COUNTRY) | | | | | |
| Matrox Elec | ctronic Syste | ems, Ltd. | Dorval, Que | bec Canad | la | | |
| Please check the appropri | iate assignee category or | categories (will not be p | rinted on the patent) : | Individual 🗗 Co | rporatio | on or other private gro | up entity Governmen |
| 4a. The following fec(s) | are submitted; | 4 | b. Payment of Fee(s): (Plea | se first reapply an | y previ | ously paid issue fee s | hown above) |
| Issue Fee | A check is enclosed. | | | | • | | |
| Publication Fee (N | lo small entity discount p | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2762 (enclose an extra copy of this form). | | | | | |
| Advance Order - F | of Copies | | overpayment, to Depor | sit Account Number | se ine re | -2762 (enclose an | extra copy of this form). |
| 5. Change in Entity Stat | | | | | - | | |
| | s SMALL ENTITY state | | b. Applicant is no long | | | | |
| interest as shown by the | records of the United Sta | ured will not be accepted as Palent and Trademark | ed from anyone other than the Office. | ne applicant; a regi | stered a | ttorney or agent; or the | e assignce or other party is |
| Authorized Signature | 1 342/ | Date Alania | | | | | |
| Typed or printed name Aaron W. Moore | | | Registration No. 52,043 | | | | |
| This collection of inform an application. Confident submitting the complete | ation is required by 37 C tiality is governed by 35 1 application form to the | FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO, Time will var | ion is required to obtain or r 1.14. This collection is est y depending upon the indiv he Chief Information Office | ctain a benefit by the imated to take 12 ridual case. Any co | he publi ninutes mments | c which is to file (and to complete, including on the amount of tim | by the USPTO to process g gathering, preparing, and the you require to complete |

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.